



## Registration Application Used Oil Transporter and Transfer Facility

**Check One:**

New

Renewal

EPA ID#:

(EPA Identification Numbers are site specific)

**Check all that apply:**

Transporter

Transfer Facility

**Owner/Operator:**

Name:

Company Address/Physical Location

City:

State:

Zipcode:

Company Mailing Address:

City:

State:

Zipcode:

Number of Employees Handling Used Oil:

. Have all been properly trained?

Yes

No

Telephone Number:

Fax Number:

**Employee Training Program** *required by R. 61-107.279.E.43(d)* **(Training Program Manual must be submitted to Department – see Instruction Packet)** Is Training Program Manual Included in submittal?

Yes

No

***Please Attach Certificate of Insurance and a copy of the policy to registration.***

I hereby certify (or declare) that all information submitted in conjunction with this Registration is true to the best of my knowledge and that I am authorized to sign official documents for the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name:

Title:

Submit the original to: SCDHEC Division of Mining and Solid Waste Management 2600 Bull Street Columbia, SC 29201